

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/856277	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		2					53		
4		1					54		
5	1						55		
6		1					56		
7		1					57		
8		2					58		
9							59		
10			1				60		
11				1			61		
12					1		62		
13					1		63		
14						1	64		
15							65		
16							66		
17							67		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.		2	8				TOTAL DEP.		
TOTAL CLAIMS			10				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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